

Title	Juvenile Law: <i>Application and Order for Authorization to Administer Psychotropic Medication—Juvenile</i> (revise forms JV-220 and JV-220A)
Summary	Form JV-220 would be revised to (1) ensure that the court has the required information upon which to make its order and (2) reduce the length of time required to obtain court authorization for the administration of psychotropic medication to court dependents and wards. The title of form JV-220A would be revised to match that of revised form JV-220.
Source	Family and Juvenile Law Advisory Committee Hon. Mary Ann Grilli and Hon. Susan D. Huguenor, Co-chairs
Staff	John Augustine Sweeney, 415-865-7732, john.sweeney@jud.ca.gov Aleta M. Beaupied, 415-865-7687, aleta.beaupied@jud.ca.gov
Discussion	<p>Form JV-220, <i>Application for Order for Psychotropic Medication—Juvenile</i>, was adopted for mandatory use on January 1, 2001. Courts, counties, and individuals who have had experience with the existing form as it is used in practice contacted staff at the Administrative Office of the Courts, Center for Families, Children & the Courts with ideas about how to improve the form.</p> <p>In response to these requests, the Family and Juvenile Law Advisory Committee sought input on revising the form from a group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians, all of whom work with children who have been removed from the physical custody of their parents and may benefit from the use of psychotropic medications. The group suggested numerous modifications to the form, and based on the group's input, the advisory committee recommends the proposed revisions to form JV-220.</p> <p>Information in JV-220 that is not required by the statute or the rule would be removed when obtaining it might delay the process of completing the form. Information that would be helpful to the court in addressing a request for psychotropic medication would be added when it may be helpful to the court. The proposed revised form would be renamed <i>Application and Order for Authorization to Administer Psychotropic Medication—Juvenile</i>, which accurately reflects the form's purpose. Form JV-220A would be renamed <i>Opposition to Application for Order for Authorization to Administer Psychotropic</i></p>

Medication—Juvenile to reflect the revision to form JV-220.

The form would be reorganized and two headings added: on page 1 the heading requests that items 5-12 be completed by the person prescribing the medication or with information provided by that person; on page 4 the heading indicates that items 17-20 be completed by the social worker or juvenile probation officer.

A chart would be inserted on page 2 to make it easier to list all past, current, and new psychotropic medications. The chart also includes a column in which to list the target symptoms that the child is experiencing and that the listed medication is meant to relieve. Columns for noting the maximum daily dose of each psychotropic medication and the anticipated treatment duration are also included in the new chart. Capturing this information in a chart will make reading and using this information easier, both for people seeking authorization for a course of psychotropic medications and for the bench officer deciding whether such an order is appropriate in an individual child's case.

The proposed revisions to JV-220 include:

1. Item 1 would be revised to eliminate the three check boxes used to specify different sections of the Welfare and Institutions Code. The information regarding code sections is now included in the check boxes indicating that the child is either a dependent or a ward. The language "was removed from the custody of his or her parent or guardian on:" would be replaced with "has been removed from the parent's physical custody," which reflects the language of Welfare and Institutions Code section 369.5(a). Information regarding the date on which the child was removed from the custody of the parent would be deleted to make the form easier to complete since it is not required by the statute or the rule.
2. Item 3 would be revised to add check boxes for "nonrelative extended family member" and "acute care hospital." "Nonrelative extended family member" is a placement authorized by statute (Welf. & Inst. Code §§ 361.2, 362.7), and "acute care hospital" was added to reduce the need for the "other" box in this item. "Specify" would be removed from the "other" box because it is potentially confusing to people filling

out the form.

3. A definition of when psychotropic medication may be administered on an emergency basis, pending a court order, would be added below the heading “Questions 5–12 to be completed by, or with information provided by, prescribing physician” to ensure that a physician prescribing psychotropic medication for a child under the court’s jurisdiction knows the psychotropic medication may be prescribed and administered to the child pending court order in an emergency situation.
4. Item 4f would be renumbered as 5d and reworded to include “Date of most recent face-to-face clinical visit:” and “Face-to-face clinical visit conducted by (*name*):”. The date the child was last seen by a clinician and the clinician’s name are more important and precise than the former language—“Date of evaluation of child.” Item 4g, “Location of evaluation,” would be eliminated to shorten the form; it is not required by the statute or the rule.
5. Item 6 would be revised to add 10 check boxes listing common mental disorders from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM-IV), as well as a check box for “Other” with a blank to include space for a diagnosis not included in the list.
6. Item 7 would be revised to read “Relevant medical history (*describe, specifying all current nonpsychotropic medications*).” A description of the child’s relevant medical history is more useful to a court faced with a request for an order for psychotropic medication than a history limited to psychiatric issues. A request for information regarding all current nonpsychotropic medication would be included to help identify all of the child’s current medical issues. This information is also required by rule 1432.5(c)(2)(E). A request to specify “target symptoms to be addressed” would be included in a chart in item 8 of the revised form. A chart is a better way to capture and organize information about target symptoms to be addressed than is a blank (as in the current form). The phrase “target symptoms” is a more medically precise phrase than “current behaviors.”
7. Item 8 would be renumbered and revised as item 10a. A box

would be added to include “milieu therapy,” a form of therapy used in conjunction with psychotropic medication often enough that adding a box for it is justified. A description of “other treatment plans” is required by rule 1432.5(c)(2)(F).

8. Item 9 would be replaced with the chart at revised item 8. A chart is the most efficient way to collect and organize information regarding psychotropic medications. Item 9b was not included in the chart because information regarding the medication’s category is not as helpful as the target symptom that would be treated by the proposed medication. Item 9c is included in a “Maximum daily dose” column, which is more efficient and helpful than a range limit. Item 9d is included in the column “Anticipated treatment duration.” Item 9e, “Alternative medications in the same category,” would be eliminated because it is not required by the statute or the rule and does not provide meaningful assistance to the court in making an order. Item 9f, “Anticipated benefits to the child,” would be removed because it is covered by the “Target symptoms to be addressed” column in the chart. The check box “Medication is approved for pediatric use” would be removed since this did not provide the court with useful information. The working group and the advisory committee agreed that because few psychotropic medications have been approved for pediatric use and because this information is not required by the statute or the rule, its inclusion in the form might prevent some children from receiving a course of treatment accepted in the medical community (even though it has not been approved by the Federal Drug Administration for pediatric use) and therefore prevent some children from being treated.
9. Item 10 would be revised as item 7. The word “medication” would be dropped from the phrase “The relevant medical and medication history” because the child’s medication history would be captured in the chart at revised item 8. The phrase “(*specifying all current nonpsychotropic medications*)” would replace the phrase “(*specify all medication the child is currently taking, including prescription and nonprescription medications*).” The chart at revised item 8 captures information regarding current psychotropic medication. The phrase “specifying all current nonpsychotropic medications” is a clearer way to obtain this information.

10. Item 10a would be eliminated because it is included in revised item 9, “Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included,” with check boxes for “as a narrative (*attachment 9a*)” and “as a document by manufacturer or health care provider or county mental health entity (*attachment 9b*). The word “significant” would replace the word “possible” because “significant interactions” with the recommended medications are more helpful information for the court than all “possible” interactions.
11. Item 13 would be renumbered as revised item 17 and moved below the new heading “Questions 17–20 to be completed by social worker or juvenile probation officer.” The phrase “and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*” would be inserted after “adverse reactions.” Revised item 17 now begins “The following people have been informed of this request ...” and four numbered check boxes would be added to indicate the names and relationship to the child of those people receiving information about the proposed medication. These changes are necessary to identify exactly who has received the information provided about the child’s medication.
12. Item 13b would become revised item 17e. Two check boxes would be added at revised items 17c and 17d to indicate that “No notice to the parents or legal guardians is required because parental rights have been terminated” and that “(Name): has not been informed because whereabouts are unknown.” Item 13c would be renumbered as item 17b, and four numbered check boxes added to indicate the relationship to the child of those people responding to the information about the proposed medication. Checkboxes for “does not oppose”, “opposes/request hearing”, “requests more information”, and “no response” would be added.
13. Item 14, “All attorneys of record have been informed of this request,” would be renumbered as revised item 18. A space for the date and time that a notice was faxed would be added to revised item 18, and the phrase “and have been given two court

days to respond” would be inserted.

14. Items 14a and 14b would be renumbered as items 18b, 18c, and 18d and made gender neutral. Check boxes would be revised to provide additional information.
15. Item 15 would be renumbered as revised item 12 and moved under the new heading “Questions 5–12 to be completed by, or with information provided by, prescribing physician.” Two check boxes would be added for “agreeable” and “resistant.”
16. Item 16 would be renumbered as revised item 13 and moved under the new heading “Application Review.” The word “psychiatrist” would be replaced with the word “physician.” Separate check boxes would be included to indicate that the physician “has” or “has not” reviewed the application. Item 14 would be added with a check box for “Review is not required in this county.” The boxes under item 16 for “The psychiatrist agrees” and “The psychiatrist does not agree” would be replaced by revised item 15a and 15b: “The consulting physician recommends court authorization of requested medications” and “The consulting physician does not agree and requests further information.”
17. The Order would be revised to remove the sentence “The clerk is to notice all parties and counsel” because it is not required by rule 1435.5(3), (4), (5), or (6).
18. Item 2b in the revised Order would have a space to specify why the order was denied by the court.
19. Item 4 in the revised Order would contain the new sentence “A change in the child’s placement does not require a new order for psychotropic medication, and a child’s course of court-ordered psychotropic medication must remain in effect until the order expires or is terminated or modified by further order of the court.” This sentence would be added to prevent a break in the continuity of a child’s psychotropic medication due to the child’s having to be moved to a new placement.
20. In items 5 and 6 of the Order, two boxes would be added for “The notice requirements have been met” and “The notice requirements have not been met. Proper notice was not given

to:”.

The proposed revised Form 220 is attached at pages 8–12.

The proposed revised Form 220A is attached at page 13.

For reference, the current form is attached at pages 14–17.

The text of Welfare and Institutions Code section 369.5 is attached at page 18.

Rule 1432.5 of the California Rules of Court is attached at pages 19–22.

Attachments

- ☐ Continued on Attachment 4.

(Psychotropic medication may be administered to a dependent of the court pending court authorization or authority to a parent in an emergency situation as defined in Welf. & Inst. Code § 369(d))

- Form Adopted for Mandatory Use
Judicial Council of California
JV-220 (Rev. January 1, 2005)

**APPLICATION AND ORDER FOR AUTHORIZATION TO ADMINISTER
PSYCHOTROPIC MEDICATION—JUVENILE**

Page 1 of 5
Welfare and Institutions Code, § 369.5

CHILD'S NAME: 	CASE NUMBER:
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9. Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included
- ☐ as a narrative (*attachment 9a*).
 - ☐ as a document by manufacturer or health care provider or county mental health entity (*attachment 9b*).
10. a. Other treatment plans for the child relevant to the medication regimen include ☐ group therapy ☐ milieu therapy ☐ individual therapy ☐ other (*explain*):
- b. The administration of the requested psychotropic medications will require the following adjustments to the current regimen of medications (*specify any discontinuance or changes in dosages*):
- ☐ Continued on Attachment 10.
11. a. ☐ The child has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The child's response was
- ☐ agreeable.
 - ☐ resistant.
- ☐ Continued on Attachment 11a.
(*Child's own written statement may be attached.*)
- b. ☐ The child has not been informed of this request because the child is too young and/or lacks the capacity to provide a response.
12. The child's present caregiver has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The caregiver's response was
- ☐ agreeable.
 - ☐ resistant.
- ☐ Continued on Attachment 12.
- Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PRESCRIBING PHYSICIAN)

APPLICATION REVIEW

13. A physician consulting to the court has ☐ has ☐ has not reviewed this application.
14. ☐ Review is not required in this county.
15. a. ☐ The consulting physician recommends court authorization of requested medications.
- b. ☐ The consulting physician does not agree and requests further information.

(TYPE OR PRINT NAME)

(SIGNATURE OF CONSULTING PHYSICIAN)

16. Comments of consulting physician (if any):

CHILD'S NAME: _____	CASE NUMBER: _____
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QUESTIONS 17–20 TO BE COMPLETED BY SOCIAL WORKER or JUVENILE PROBATION OFFICER

17. a. The following people have been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

1. ☐ Parent (*name*):
2. ☐ Statutorily presumed parent (*name*):
3. ☐ Other parent (*name*):
4. ☐ Legal guardian (*name*):

b. The responses were as follows:	Does not oppose	Opposes/ Requests hearing	Request more information	No response
1. <input type="checkbox"/> Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/> Statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/> Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continued on Attachment 17b.

- c. ☐ No notice to the parents or legal guardians is required because parental rights have been terminated.
- d. ☐ (Name:) _____ has not been informed because whereabouts are unknown.
- e. ☐ Parent/guardian (name:) _____ has not been informed because (*state reasons*): _____

18. All attorneys of record have been informed of this request (*date/time faxed*): _____ and have been given two court days to respond.

	Does not oppose	Opposes/ Requests hearing	Request more information	No response
a. <input type="checkbox"/> Attorney for child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Attorney for parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Attorney for statutorily presumed parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Attorney for other parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Attorney for legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. ☐ Other professionals who were informed and consulted (*state names and professional relationship to the case*): _____

20. ☐ Other information or comments: _____

Date: _____ ☐ Continued on Attachment 20.

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF SOCIAL WORKER OR JUVENILE PROBATION OFFICER)

Telephone No.: _____ FAX No.: _____ E-MAIL: _____

CHILD'S NAME: 	CASE NUMBER:
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ORDER

21. ☐ The matter is set for hearing within 5 court days on *(date)*: _____ at *(time)*: _____
in department: _____
22. The application for authorization to administer psychotropic medications is:
- a. ☐ granted as requested.
 - b. ☐ denied *(specify reason for denial)*: _____
 - c. ☐ granted, with the following modifications or conditions *(specify)*: _____
23. ☐ The court finds that the parent poses no danger to the child and has the capacity to authorize the administration of psychotropic medications, and that the request for such authority is granted:
- a. ☐ as requested.
 - b. ☐ with the following modifications: _____
24. This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. If a new treating physician proposes an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications, a new application must be submitted. A change in the child's placement does not require a new order for psychotropic medication, and a child's course of court-ordered psychotropic medication must remain in effect until the order expires or is terminated or modified by further order of the court.
25. ☐ The notice requirements have been met.
26. ☐ The notice requirements have NOT been met. Proper notice was not given to: _____

Date: _____

(JUDICIAL OFFICER OF THE JUVENILE COURT)

2. I am ☐ a party.
☐ an attorney for
☐ other (*specify*):

(This form must be returned immediately to the court within 2 court days of notice of the *Application for Order*.)

- ☐ Continued on Attachment 5.

- ☐ Continued on Attachment 6.

CHILD'S NAME: 	CASE NUMBER:
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7. The child's relevant psychiatric history is as follows (*specify current behaviors likely to be helped by psychotropic medication*):

☐ Continued on Attachment 7.

8. Other treatment interventions in addition to the requested medication(s) are:

☐ Individual therapy ☐ Group therapy ☐ Family therapy ☐ Other (*describe*):

9. The following psychotropic medication is recommended:

- a. Name (*trade and generic*):
 - b. Category:
 - c. Anticipated range of dosage:
 - d. Anticipated treatment duration:
 - e. Alternative medications in same category (*specify name of drug*):
 - f. Anticipated benefits to the child (*specify*):
- ☐ Medication is approved for pediatric use.

☐ Continued on Attachment 9.

10. The relevant medical and medication history of the child is as follows (*specify all medication the child is currently taking, including prescription and nonprescription medications*):

☐ See Attachment 10.

a. The possible interaction with the recommended medications is as follows (*specify all possible effects of combining the medications*):

☐ See Attachment 10a.

b. The administration of the requested psychotropic medications will require the following adjustments of the current regimen of medications (*specify any discontinuations or changes in dosages*):

☐ See Attachment 10b.

11. Significant adverse reactions, warnings/contraindications, drug interactions, withdrawal symptoms, and anticipated time lag before full effect for each recommended medication are

- ☐ attached as narrative.
☐ attached as document prepared by manufacturer or health care provider.

12. ☐ The child has been informed of this request, the medications that are recommended, their anticipated benefits, and their possible adverse reactions. The child's response was (*describe*):

☐ Continued on Attachment 12. (*Child's own written statement may be included.*)

CHILD'S NAME: _____	CASE NUMBER: _____
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13. a. The child's ☐ mother ☐ statutorily presumed father ☐ legal guardian has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions.
b. ☐ No parent or guardian has been informed because (*state reasons*):

c. ☐ The response of the parent or guardian was as follows:

☐ Continued on Attachment 13c.

d. ☐ A parent or legal guardian has not received notice because their whereabouts are unknown.

14. ☐ All attorneys of record have been informed of this request.
a. ☐ The mother's attorney ☐ does not oppose ☐ opposes the application and requests a hearing.
b. ☐ The father's attorney ☐ does not oppose ☐ opposes the application and requests a hearing.
c. ☐ The child's attorney ☐ does not oppose ☐ opposes the application and requests a hearing.

15. ☐ The child's present caregiver has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. The response of the caregiver was as follows:

☐ Continued on Attachment 15.

16. ☐ A psychiatrist has reviewed this application.
☐ The psychiatrist agrees.
☐ The psychiatrist does not agree.

(Signature of psychiatrist)


17. ☐ Other professionals who were informed and consulted (*state names and professional relationship to the case*):

18. Other information or comments:

☐ Continued on Attachment 18.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT)

CHILD'S NAME: —	CASE NUMBER:
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ORDER

☐ The matter is set for hearing within 5 court days on *(date)* at *(time)*:

The clerk is to notice all parties and counsel.

☐ The application for authorization to administer psychotropic medications is:

☐ Granted as requested

☐ Denied

☐ Granted, with the following modifications or conditions:

☐ The court finds that the parent poses no danger to the child and has the capacity to authorize the administration of psychotropic medications, and the request for such authority is granted

☐ As requested

☐ With the following modifications or conditions:

☐ This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. If a new treating physician proposes an increase in the dosage or a change in or the addition of other medications, a new application must be submitted.

Date:



(TYPE OR PRINT NAME)

(JUVENILE COURT JUDICIAL OFFICER)

Welfare and Institution Code

Section 369.5

369.5. (a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(c) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

Rule 1432.5. Psychotropic medications

- (a) **[Definition (§ 369.5)]** For the purposes of this rule, “psychotropic medication” means those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- (b) **[Authorization to administer (§ 369.5)]** Once a child is declared a dependent child of the court and is removed from the custody of the parents or guardian, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child.
- (c) **[Procedure to obtain authorization]** An application must be completed and presented to the court, using Judicial Council Form JV-220, *Application for Order for Psychotropic Medication—Juvenile*.
 - (1) If possible, the physician recommending that the medication be administered to the dependent should sign the application. The social worker may act as applicant and sign the application, with an attachment or notation identifying the physician who is requesting the authorization.
 - (2) The application shall include all of the following:
 - (A) The diagnosis of the child’s condition that the physician asserts can be treated through the administration of the medication.
 - (B) The specific medication recommended, with the recommended dosage and anticipated length of time this course of treatment will continue.
 - (C) The anticipated benefits to the child of the use of the medication.
 - (D) A description of possible side effects of the medication.
 - (E) A list of any other medications, prescription or otherwise, that the child is currently taking, and a description of any effect

these medications may produce in combination with the psychotropic medication.

- (F) A description of any other treatment plans for the child that are relevant to the medication regimen (e.g., discontinuing or reducing presently prescribed medications; group or individual therapy).
 - (G) A statement that the child has been informed of the recommended course of treatment, the bases for it, and its possible results. The child's response must be included.
 - (H) A statement that the child's parents or guardian also has been informed as in subdivision (G), or a statement describing efforts to inform the parents. The response of any parent or guardian must be included.
- (3) The applicant must notice the attorneys of record and the parties to the proceeding prior to the submission of the application and make available a copy of Judicial Council Form JV-220A, *Opposition to Application for Order for Psychotropic Medication—Juvenile*, to those receiving notice.
 - (4) Any attorney or party who opposes the application must within two court days of notice of application (1) file a statement of opposition and (2) notice all parties and attorneys of record of the opposition.
 - (5) If a party or attorney requests additional information before agreeing to or opposing the application, the request shall be noted on the application, and the court may delay its decision to grant, deny, or set the matter for a hearing until the party or attorney is provided with the additional information and communicates to the social worker their consent, opposition, or a request for a hearing. The social worker shall then resubmit the application to the court, noting the response of the party or attorney.
 - (6) The court may grant the application without a hearing or may set the matter for hearing at the court's discretion. If the court sets the matter for a hearing, it is the obligation of the opposing party to notice all other parties at least two court days prior to the hearing.

- (d) **[Conduct of hearing]** At the hearing on the application, the procedures described in rule 1432 shall be followed. The court may deny, grant, or modify the application for authorization and may set a date for review of the child's progress and condition.
- (e) **[Delegation of authority (§ 369.5)]** After consideration of the application and attachments and a review of the case file, the court may order that the parent be authorized to approve or deny the administration of psychotropic medication. The order must be based on the following findings, which must be included in the order: (1) the parent poses no danger to the child, and (2) the parent has the capacity to understand the request and the information provided and to authorize the administration of psychotropic medication to the child, consistent with the best interest of the child.
- (f) **[Continued treatment]** If the court grants the request or modifies and then grants the request, the order for authorization is effective until terminated or modified by court order or until 180 days from the order, whichever is earlier. If a progress review is set, it may be by an appearance hearing or a report to the court and parties and attorneys, at the discretion of the court.
- (g) **[Emergency treatment]** In emergency situations, psychotropic medications may be administered to a dependent with or without court authorization or court delegation of authority to a parent in accordance with Welfare and Institutions Code section 369.
- (h) **[Local forms]** The Judicial Council form *Application for Order for Psychotropic Medication—Juvenile* (JV-220) and *Opposition to Application for Order for Psychotropic Medication—Juvenile* (JV-220A) must be filed with the court. Additional information may be provided to the court through the use of local forms that are consistent with this rule.

(Subd (h) amended effective January 1, 2003.)

- (i) **[§§ 601-602 wardships; local rules]** A local rule of court may be adopted providing that authorization for the administration of such medication to a child declared a ward of the court under sections 601 and 602 and removed from the custody of the parent or guardian may be similarly restricted to the juvenile court. If the local court adopts such a local rule, then the procedures under this rule apply; any reference to social worker also applies to probation officer.

Rule 1432.5 amended effective January 1, 2003; adopted effective January 1, 2001.

Drafter's Notes

2001—Rule 1432.5 provides procedures to implement Welfare and Institutions Code section 369.5, which gives the juvenile court sole authority and responsibility for making orders regarding the administration of psychotropic medication to abused and neglected children who have been removed from the custody of their parents. The rule (along with related Forms JV-220 and JV-220A) provides court procedures for authorizing the administration of psychotropic medications to children and specifies the information that must be provided to assist the judicial officer in deciding whether to issue an order authorizing administration of such medications. This information includes the child's diagnosis, the specific medication recommended, the anticipated benefits of using the medication, and possible side effects. In emergency situations, a dependent child may be administered psychotropic medication without a court order in accordance with Welfare and Institutions Code section 369(c).

The new rule and forms address a child's need for psychotropic medication that arises after the child has been declared a dependent. They do not apply to psychotropic medication that was prescribed to a child before the court took jurisdiction over that child. The filing of a new petition does not interrupt the administration of a child's current course of medication.